PTO/SB/17 (10-08)
Approved for use through 06/30/2010, OMB 0651-0032
U.S. Petent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
			` A	pplication Num	1001	0/771,328	Conf. No.: 4066
FEE TR			\L F	iling Date		ebruary 05, 2004	
For FY 2009			F	irst Named Inv	entor H	iromi TABUCHI	
Applicant claims small entity status. See 37 CFR 1.27			, E	xaminer Name	R	. J. Kemmerle III	
			A	rt Unit	1	791	
TOTAL AMOUNT OF PAYN	MENT (\$)	490.00	Α	ttomey Docket	No. 1	131-0500P	
METHOD OF PAYMENT	(check all	that apply)					
Check Credit C		Ioney Order	None	Other (p	lease iden	tify):	
Deposit Account De	eposit Accoun	Number: 02-2448		Deposit Ac	count Nan	ne:	
For the above-identifi	ied deposit a	ccount, the Direct	tor is hereby	y authorized to	(check a	III that apply)	
✓ Charge fee(s)	indicated be	low		Charg	e fee(s) i	ndicated below, exc	ept for the filing fee
		s) or underpayme	nts of fee(s) Credit	any over	payments	
under 37 CFR under 37 CFR	1.16 and 1.	17 come public. Credi	t card inform		•		vide credit card
nformation and authorization							
FEE CALCULATION							
. BASIC FILING, SEAR							
	FILING I	EES mall Entity	SEARCH	I FEES Small Entity	EXAM	NATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEE	s						Small Entity
Fee Description						Fee (\$) 52	Fee (\$) 26
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						220	110
	Multiple dependent claims						195
	aims	Total Claims Extra Claims Fee (\$) Fee Paid (\$)					
Multiple dependent cl		s Fee (\$)	Fee Pa	aid (\$)		Multiple Der	endent Claims
Multiple dependent cl Total Claims 9 - 20 or HP =	Extra Clain 0	_ ×	Fee Pa			Multiple Der Fee (\$)	Fee Paid (\$)
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Multiple dependent cl Total Clalms 9 - 20 or HP = HP = highest number of total Indep. Claims 3 - 3 or HP = HP = highest number of indep 3. APPLICATION SIZE F If the specification and listings under 37 CF	extra Claim 0 claims paid for Extra Claim 0 cendent claims FEE drawings e FR 1.52(e))	x	= 0.0 Fee Pa = 0.0 nan 3. ts of paper	aid (\$) 00 (excluding eque is \$270 (\$	135 for	Fee (\$)	Fee Paid (\$)
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AUG 1 7 2010 Name (Print/Type) James M. Slattery This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to the (and by the public which is to the public which is the p

(Attorney/Agent)

Date

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.